Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503-3898

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502 ATTNI

FROM MARK PREMO DE GENIMOR AMANIL

MONITORING PERIOD 07 | 06 | 30 07 | 06 | 01 TO

*** NO DISCHARGE NOTE: Read instructions before completing this form

ATTN: MARK PREMO P.E. GEN MGR. AWWU						NOTE: Read instructions before completing this form.						
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	****D)_[CE	IVEDI	*****	12.8	(04)	N/A	FOUR/ WEEK	GRAB	
00010 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*******	 		*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	***	****	ZOU! ***	*****	13.0	(04)	N/A	FOUR/ WEEK	GRAB	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	OFFICE OF	U.S. EPA REDI OMPLIANCE A	AN 10 XXXXXX VE ENEGRICEMENT	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	****	****	0.7	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	+*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	53072	*****	(26)	******	238	*****	(19)	N/A	FOUR/ WEEK	COMP24	
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	我被勃勃勃勃	LBS/DY	**************************************	REPORT MO AVG	****	MG/L		FOUR/ WEEK	COMP 24	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	38090	(26)	****	*****	171	(19)	0	FOUR/ WEEK	COMP24	
00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		90100 DAILY MX	LBS/DY	****	光光光光光光	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	35543	36288	(26)	****	158	165	(19)	0	FOUR/ WEEK	COMP24	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	********	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24	
PH	SAMPLE MEASUREMENT	****	*****	***	6.7	*****	7.7	(12)	N/A	FOUR/ WEEK	GRAB	
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB	
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH							TELEPHONE		DATE			
Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT												
Director, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to						TO SOURCE OF FRANCOI ALE EXCOUNTE			(907)564-2799		07/07/09	
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR Forms by WindowChem(707)884-0845;p/m11090;vs.0.1;4/				MO DAY /1/96. Rev. 1/05. BN		
ICOMMENTAND EXPLANATION OF A	NY VIOLATIONS	(Reference all attachm	ents here)				rouns by	****INOMOTICALITY OF	1004-0040	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1750. NOV. 1705	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Final effluent autosampler is taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days. Influent BOD for 6/18/07 was run, but the result was invalid due to lab error...

1CIS 07/25/07

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME:

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502 ATTN:

MARK DREMO DE GENINGE AMANIL

MONITORING PERIOD 07 | 06 | 01 07 | 06 | 30 FROM TO

*** NO DISCHARGE MOTE: Dood instructions before completing this form

ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before comp								npleting this	i form.		
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	skrále sír skrále sír	*****	****	6.6	*****	7.5	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	**************************************	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	54416	****	(26)	*****	245	*****	(19)	N/A	FOUR/ WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	关大型型杂类	LBS/DAY	******	REPORT MO AVG	中央中央	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	****	21376	(26)	*****	*****	96	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14833	16817	(26)	*****	66	73	(19)	0	FOUR/ WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LB\$/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	****	19.4	*****	(19)	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	REPORT MO AVG	****	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	7	*****	(30)	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	ECE	IV.B.n	850 MO GEO	建设设施设	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.599	****	JU ⁽⁰³⁾ I	3 2007	*****	*****	****	N/A	CONTIN UOUS	IKCOKDK
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	*****	MGD_	3	*****	u se de se se	***		CONTIN	RCORDR
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONAL PRIVATION AND SITUATION WITH							TELEPHONE		DATE		
Craig Woolard, P.E., Ph.D. THE INFORMATION SUBMITTED HEREIN; AND BASED ON MIT AND SUBMITTED HEREIN SUBMITTED IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS THE A BASED ON MET AND COMPLETE I AM AWARE THAT THERE ARE SUBMITTED.											
Director, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these standes may include fines up to						(907)564-2799		07/07/09			
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER YEAR MO DAY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD

ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 001 A PERMIT NUMBER

FROM

DISCHARGE NUMBER

MAJOR (SUBR 02) È - FINAL

FACILITY:

NAME.

ADDRESS:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MONITORING PERIOD 07 | 06 | 01 07 | 06 | 30

*** NO DISCHARGE

ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form. QUANTITY OR CONCENTRATION FREQUENC' QUANTITY OR LOADING PARAMETER NΩ SAMPLE ΕX TYPE ANALYSIS MAXIMUM LINIT **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** CHLORINE, TOTAL SAMPLE EVERY ----n **GRAB** 0.6 (19)MEASUREMENT 3 HRS RESIDUAL 1.2 PERMIT EVERY 50060 1 0 0 **** GRAB REQUIREMENT MG/L DAUYMX 4 HRS **EFFLUENT GROSS VALUE** BOD. 5-DAY SAMPLE ONCE/ ----**** 34 N/A CALCTD (23)MEASUREMENT MONTH PERCENT REMOVAL REPORT 81010 K 0 0 TAMPES: PER-ONCE/ المارة المارة المارة المارة Ν/A CALCTD RECEIREMENT MONTH MO AVG CENT PERCENT REMOVAL **** SOLIDS, SUSPENDED SAMPLE. ONCE/ **** N/A CALCTD **** -73 (23)MEASUREMENT MONTH PERCENT REMOVAL REPORT l81011 K 0 0 PERMIT PER-ONCE/ ****** **** CALCTD REQUIREMENT 44444 PERCENT REMOVAL MO AVG CENT MONTH NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH **TELEPHONE** DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF PRINCIPAL EXECUTIVE **Director. Treatment Division** PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to OFFICER OR AUTHORIZED AGENT \$10,000 and or maximum imprisonment of between 6 months and 5 years.) AREA CODE NUMBER | YEAR MO DAY TYPED OR PRINTED oms by WindowChem(707)884-0845; hij 1080; v5.01; 4/1/98. Rev. 1/05, BN COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 6/9/07 - chlorine feed accidentally turned off for ~ 3 hours due to operator error.

U.S. EFA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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